

**FILED**

**DEC 13 2012**

**N.J. BOARD OF NURSING**

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street, 5th Floor  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for the Board of Nursing

By: Barbara J.K. Lopez  
Deputy Attorney General  
(973) 648-7454

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF NURSING

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IN THE MATTER OF THE SUSPENSION :	Administrative Action
OR REVOCATION OF THE LICENSE OF :	
:	
DANIELLE STROLE, LPN :	ORDER OF SUSPENSION
License # 26NP05072900 :	OF LICENSE
:	
TO PRACTICE NURSING IN :	
THE STATE OF NEW JERSEY :	
:	

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This matter was opened to the New Jersey State Board of Nursing ("Board") upon receipt of information indicating the following:

1. Danielle Strole ("Respondent") is a Licensed Practical Nurse (LPN) in the State of New Jersey and has been a licensee at all relevant times. (Exhibit A).
2. Respondent entered into a private letter agreement with the Board on or about May 16, 2012. The agreement required, in

part, that Respondent enroll in the Recovery and Monitoring Program of New Jersey ("RAMP") to undergo evaluation and monitoring, including random urine screens. The agreement, which was to remain private and confidential unless and until the Board received reliable information that Respondent had violated any term, was to have the force and effect of a Board Order within the intendment of N.J.A.C. 13:45C-1.4. (Exhibit B).

3. By letter dated August 9, 2012, RAMP advised the Board that Respondent was not in compliance with the monitoring agreement she signed with RAMP on May 16, 2012. (Exhibit C).

4. The letter agreement required Respondent to undergo a comprehensive mental health and substance abuse evaluation and to follow the recommendations of the evaluator for more lengthy enrollment in RAMP. (Exhibit B). Respondent underwent an evaluation on or about June 27, 2012 and reported that although there were narcotics missing from the home where she cared for a patient, she tested positive for marijuana that she had smoked while out with friends. (Exhibit D). The evaluator recommended that Respondent remain in RAMP, continue with drug test monitoring, and attend 12-step and peer group meetings. (Exhibit D).

5. Respondent refused to follow the recommendations of the evaluator for more lengthy enrollment in RAMP. On July 27, 2012, Respondent informed RAMP that she would not sign an agreement to remain enrolled in RAMP and that she would no longer participate in RAMP. (Exhibit E).

6. The letter agreement required Respondent to submit to random urine screens and to participate in an online monitoring system which requires daily check-ins and randomly schedules the urine screens. Respondent missed daily check-ins on July 28 and 29, 2012 and failed to submit to a urine screen on July 30, 2012. (Exhibit E).

7. On or about September 27, 2012, a communication was sent to Respondent at her address of record by overnight and regular mail, advising Respondent that the Board had received information indicating that she was not in compliance with the private letter agreement and with her agreement with RAMP. Respondent was further advised to provide the Board with proof of any inaccuracy in that information within two weeks. (Exhibit F). To date, Respondent has not replied.

8. On or about November 9, 2012, a second communication was sent to Respondent at a different address by overnight and regular mail, advising Respondent that the Board had received

information indicating that she was not in compliance with the private letter agreement and with her agreement with RAMP.

Respondent was further advised to provide the Board with proof of any inaccuracy in that information within two weeks and to update her address of record with the Board. (Exhibit G). To date, Respondent has not replied.

9. The private letter agreement signed by Respondent provided for automatic suspension of Respondent's nursing license upon receipt of reliable information indicating that Respondent had violated any term of the private letter agreement. The agreement states that Respondent may, upon notice to the Board, request a hearing to contest her automatic suspension; however, at any such hearing, the sole issue shall be whether any of the information received regarding Respondent's violation of the agreement was materially false. The Board also reserved the right to bring further disciplinary action. (Exhibit B).

10. Respondent's failure to follow the recommendation of the evaluator for further enrollment in RAMP and Respondent's refusal to participate with RAMP each violates the private letter agreement and constitutes a violation of N.J.A.C. 13:45C-1.4, subjecting Respondent to sanctions pursuant to N.J.S.A.

45:1-21(e), and automatic suspension of her license as provided in the private letter agreement.

ACCORDINGLY, IT IS on this 13<sup>th</sup> day of Dec., 2012,  
HEREBY ORDERED that:

1. Respondent's license to practice nursing in the State of New Jersey is hereby suspended for her violation of the terms of the private letter agreement as set forth above, which is a violation of a Board Order within the intendment of N.J.A.C. 13:45C-1.4 and N.J.S.A. 45:1-21(e).

2. Respondent may, under the terms of the private letter agreement, request a hearing, upon notice, on the sole issue of whether information received that Respondent has failed to comply with the terms of the private letter agreement was materially false.

3. In the event that Respondent seeks reinstatement of her New Jersey nursing license at any future time, the Board shall not entertain any application for reinstatement without a demonstration by Respondent that she is in full compliance with the terms and conditions of the private letter agreement and with any agreement with RAMP, in addition to a demonstration that she is fit and competent to practice.

NEW JERSEY STATE BOARD OF NURSING

By: Patricia Murphy PhD APN  
Patricia Murphy, PhD, APN  
Board President

Exhibit

A

## **DANIELLE STROLE**

Date of birth: 06/14/1972

Date of death:

License No.: **26NP05072900**

Profession: Nursing

License type: Licensed Practical Nurse

License status: **Active**

Last renewal date: 06/01/2011

Date this status: 01/19/2007

Expiration date: 05/31/2013

Issue date: 10/31/1996

### **Address of Record**

14 Monroe Avenue

DUMONT, NJ 07628

### **Education**

School name: Bergen Pines School of Practical Nursing

Degree/Certificate: Diploma

Date Graduated: 08/01/1996

Major:

### **Prerequisite License(s)**

None



# Exhibit B



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey Board of Nursing  
124 Halsey Street, 6<sup>th</sup> Floor, Newark NJ 07102  
[www.njconsumeraffairs.gov/medical/nursing.htm](http://www.njconsumeraffairs.gov/medical/nursing.htm)



PAULA T. DOW  
Attorney General

THOMAS R. CALCAGNI  
Acting Director

Mailing Address:  
P.O. Box 45010  
Newark, NJ 07101  
(973) 504-6430

January 19, 2012

### Regular Mail

Ms. Danielle Strole 26NP05072900  
12 Monroe Avenue  
Dumont, New Jersey NJ 07628

Re: Private letter agreement

Dear Ms. Strole:

The New Jersey Board of Nursing and/or RAMP has reviewed information which reveals that you may have problems related to mental health and/or substance abuse that could have affected and/or might subsequently affect your nursing activities. The Board has therefore authorized me to propose to resolve this matter by private letter agreement. However, if this agreement is not returned signed within fifteen (15) days, this offer may be withdrawn. Moreover this offer of private resolution is premised on the information of which the Board and/or RAMP is currently aware, i.e., that the Board was advised by Maxim, Home Care Services on 12/19/11 that you were terminated for "violation of substance policy." In the event that information emerges indicating that the dimensions of the problem are greater than indicated above, or that your conduct results in a criminal conviction, the Board reserves the right, in light of its responsibilities, to take public disciplinary action. Except as indicated above, or if the Board receives reliable information indicating that you have violated this agreement, the Board will shall maintain the confidentiality of this letter agreement.

In order to determine how to finally resolve this matter, the Board requests that you sign this document in order to indicate that you:

1. Agree to undergo a comprehensive mental health and substance abuse evaluation to be conducted by a qualified mental health evaluator as recommended by the Recovery and Monitoring Program of New Jersey (RAMP) within 30 days hereof, if required by RAMP. Agree that the evaluator shall prepare a report which shall include an evaluation of your mental health condition and substance use history (if any), whether you are able to safely and competently practice nursing, and said report shall include recommendations for further treatment and monitoring, if applicable, including the need for continued random urine screens, or limitations of practice.

2. Agree to enroll in RAMP (The Recovery and Monitoring Program) for a minimum of 90 days during which time you shall be required to undergo random observed urine screens panel or hair screens, submit monthly self-evaluation reports, and attend regular Peer Support Meetings. Your failure to submit to or provide a urine or hair sample when requested, failure to supply

reports on a timely basis, and failure to attend peer support meetings shall be deemed to be a violation of the terms of this agreement, as shall other violations of your RAMP contract.

3. Agree to arrange for the aforementioned comprehensive mental health and substance abuse evaluation report to be forwarded to the Board and to RAMP within 30 days hereof.
4. Agree that RAMP shall notify the Board immediately if you become noncompliant with the program requirements and provide the Board with a copy of all documents relating thereto.
5. Agree to submit complete copies of the RAMP Initial Application form and RAMP Agreement form to the Board within 30 days hereof.
6. Agree to follow the recommendations (if any) by RAMP and/or the evaluator for further treatment, which may include inpatient or intensive outpatient treatment, and/or more lengthy enrollment in RAMP, and to limit your nursing practice if recommended by RAMP. This may include your placing your nursing license into inactive status.
7. Agree to be responsible for all costs of the comprehensive mental health and substance abuse evaluation, urine screens, the enrollment participation fees associated with RAMP and/or further treatment and monitoring, if applicable.
8. Agree that until successful completion of RAMP you will notify RAMP in writing of any change of employment within 10 days of being terminated, resigning or taking a leave of absence from any place of nursing employment. Also you will notify the Board in writing of any change in name or official address of record within ten days thereof.
9. Agree to notify the Board in writing if you are arrested, indicted or convicted of any crime or offense within 10 days thereof.
10. Agree to refrain from the use of any and all potentially addictive substances except as prescribed by an authorized health care practitioner. You shall report any such use to RAMP in writing within five days of receiving such a prescription together with the name of the prescribing health care practitioner, the name of the drug, the quantity, frequency, length and reason for its use.
11. Agree that your signature on this agreement shall specifically constitute a waiver of confidentiality of documents and information forwarded by the Board to RAMP and by RAMP to the Board, and received pursuant to this agreement, so as to permit their use, and use of this private letter agreement, in any proceeding regarding your license in the event you violate any provision of this agreement.
12. Agree that you shall remain in RAMP until successful completion of or release from the program. Agree that unless you have successfully completed RAMP, and received written notification from the Board that you are relieved of the requirements of this letter agreement, you may not modify the conditions of this agreement without submitting a written petition to the Board providing a detailed explanation of the basis for your modification request, and then entering into a new, modified agreement with the Board which may not necessarily be confidential.
13. Agree that any deviation from the terms of this private letter agreement without the prior written consent of the Board shall constitute a failure to comply with the terms of this agreement.

Upon receipt of any reliable information indicating that you have violated any term of this agreement, your nursing license may be automatically suspended by the Board. You may, upon notice, request a hearing to contest the entry of such an order. At any such hearing the sole issue shall be whether any of the information received regarding your violation of the agreement was materially false. In addition, the Board reserves the right to bring further disciplinary action.

Upon your forwarding this signed agreement, of which you should retain a copy, to my attention, you should immediately contact Wendy Summers, at (609)883-5335, Extension 23, leaving a message with a telephone number where you may be contacted. In the event that there is no response within 48 hours, you may contact Jamie Smith, RAMP's Interim Director, at (609)883-5335, Extension 20, and leave a message with a contact number. Be prepared to forward a copy of this letter to RAMP. You will be promptly contacted and advised as to how to proceed in order to enroll in RAMP, and to obtain the written evaluation. This agreement and any resulting evaluation shall remain confidential unless you fail to abide by its terms. This agreement shall have the force and effect of a Board Order within the intendment of N.J.A.C. 13:45C-1.4.

Very truly yours,

By:



Patricia A. Murphy, PhD, APN  
Board President

I have read the above agreement  
and agree to be bound by its terms.



Danielle Strole

5-16-12

Date

# Exhibit C



609-883-5335 | Fax 609-883-1544  
Peer Assistance Hotline: 800-662-0108  
www.NJSNA.org

August 9, 2012

Patricia A. Barnett, RN, JD  
Chief Executive Officer  
Jamie Smith, MSN, RN, MSN  
Interim RAMP Director

Mr. George Hebert, RN, MA  
Executive Director  
New Jersey Board of Nursing  
124 Halsey Street 6<sup>th</sup> Floor  
Newark, NJ 07102

RE; Danielle Strole Participant # 3189

LPN#26NP05072900

Dear Mr. Hebert,

This letter is to notify you that Danielle Strole is noncompliant with her RAMP monitoring requirements. Ms. Strole's private letter agreement was signed on 5/16/12 and her RAMP Monitoring Contract was received 5/16/12. She began drug screening on 5/17/12.

Ms. Strole was referred to RAMP when she tested positive for marijuana at her place of employment Maxim Home Health Care. Ms. Strole went for an evaluation with Phyllis Prekopa on 6/27/12 who recommended "Ms. Danielle Strole should remain in RAMP, continue with drug test monitoring and attend 12-step meetings." RAMP requested that Ms. Strole sign a revised monitoring agreement which would stipulate that she remain in RAMP for five years.

Danielle Strole informed RAMP on July 27, 2012 that she would not sign the revised monitoring agreement nor participate in RAMP further. At this time RAMP cannot assure the BON or the public that she is safe to practice. Please feel free to contact me with any questions or need clarification.

Sincerely,

Jamie Smith MSN, RN, CCRN

Cc: Deborah Zuccarelli RN, NJ BON  
Nicole Peteet-Davis

# Exhibit D

Phyllis Prekopa, BSN, Psy. D., LCADC, CARN-AP  
Addictions Specialist  
26 DeHart Avenue  
Hewitt, NJ 07421  
P/F 973-728-9174

Substance Abuse Evaluation

Name: Danielle Strole, LPN      SS#: 141-78-8284      D.O.B.: 06/14/72  
Date of evaluation: 06/27/12  
Date of report: 07/06/12  
Referral source: RAMP  
Tools used for evaluation: Addiction Severity Index - ASI  
Medical: S/P Gastric bypass and Breast Reduction  
Employment: Unemployed  
Drug & Alcohol: See report  
Legal: No legal issues  
Family: Single  
Psychiatric/Psychological: Depression (on Prozac)

Summary:

Ms. Danielle Strole, a 40 year old LPN, was referred by RAMP. She was on time, casually attired, and friendly. She did not hesitate to answer any inquiries and maintained good eye contact throughout the session. Ms. Strole became an LPN in 1996. She has worked in that capacity since 2007. She was employed by Maxim Health Care agency, and had been caring for an ALS patient. She is sad about not being able to take care of him now. Danielle was terminated for "violation of substance policy", according to the private letter of agreement dated January 19, 2012. She joined RAMP on May 16, 2012.

There were narcotics missing, from the client's home, where she was working. Random urine drug screens were done on the staff, and Danielle tested positive; stating that it was positive for the pot she smoked, but according to the note from Ms. Zuccarelli of the Board of Nursing, the agency personnel would not give specifics, but that narcotics were missing from the client's home. After being terminated, she started working for Bayada, another agency. She stated she was considering leaving nursing and returning to work as an administrative assistant.

She spoke about her dramatic surgeries. She stated she was finding the new person in her self; she went out with old friends and smoked pot with them.

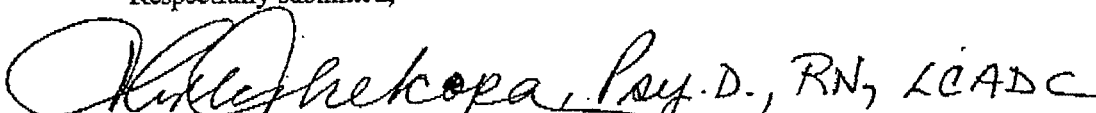
Ms. Strole reported that she has been treated for depression for 4 years. She has been taking Prozac, 60 mg. daily for most of that time frame. She says it works well for her. She reported that she drinks wine once or twice a year at social events. She drank in her youth, but she has little interest in it. She also admitted smoking pot occasionally. When I questioned her again about being unemployed, she stated she does want to continue as an LPN.

I am concerned about Danielle's level of naiveté surrounding the drug testing, wanting to clear her name and keep her license. There are many inconsistencies in reporting about this event, and I am not convinced that I got the whole truth. I find it distressing that a working nurse would go out to party with friends, and put her license at risk by smoking pot.

Recommendation:

Ms. Danielle Strole should remain in RAMP, continue with drug test monitoring and attend 12-step and peer group meetings. I believe she is safe to work as an LPN, but not in an agency. Thank you for the opportunity to utilize my professional skills on this client's behalf. If there are questions, please contact me at 973-728-9174.

Respectfully submitted,

  
Phyllis Prekopa, Psy. D., BSN, LCADC, CARN-AP



Exhibit

E

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street, 5<sup>th</sup> Floor  
P.O. Box 45029  
Newark, New Jersey 07101

By: Barbara J.K. Lopez  
Deputy Attorney General  
(973) 648-7454

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION	:	
OR REVOCATION OF THE LICENSE OF	:	Administrative Action
	:	
DANIELLE STROLE, LPN	:	CERTIFICATION OF
License # 26NP05072900	:	JAMIE SMITH
	:	
TO PRACTICE NURSING IN THE	:	
STATE OF NEW JERSEY	:	
	:	

I, Jamie Smith, MSN, RN, CCRN, of full age, certify as follows:

1. I am a registered nurse in the State of New Jersey.
2. I am employed as the Interim Director of the Recovery and Monitoring Program (RAMP), with offices at the Institute of Nursing, 1479 Pennington Road, Trenton, New Jersey 08618. In the course of my employment, I perform the task of informing the Board of Nursing when a RAMP participant is non-compliant and may not be safe to practice. In the course of my employment, I am a custodian of RAMP's records kept in the ordinary course of business.

I searched RAMP's records pertaining to Danielle Strole, LPN and I make this certification based upon the results of my search.

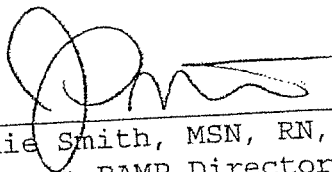
3. RAMP's records indicate that on May 16, 2012, Ms. Strole signed an agreement with RAMP for purposes of obtaining an evaluation with drug screening and monitoring. See attached.

4. RAMP's records indicate that on June 27, 2012, Ms. Strole underwent an evaluation by Phyllis Prekopa, Psy.D, BSN, LCADC, CARN-AP, who recommended that Ms. Strole remain in RAMP, continue with drug test monitoring, and attend 12-step and peer group meetings.

5. RAMP's records indicate that on July 27, 2012, Ms. Strole informed RAMP that she would not sign an agreement for further enrollment in RAMP and that she would not participate with RAMP any longer.

6. The online monitoring system which schedules random urine screens requires daily check-ins. Ms. Strole failed to check-in on July 28 and 29, 2012. Ms. Strole failed to check-in on July 30, 2012 and also failed to submit to a urine screening on that date. See attached.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

  
\_\_\_\_\_  
Jamie Smith, MSN, RN, CCRN  
Interim RAMP Director

Date: 12/7/12



609-883-5335 | Fax 609-883-1544  
Peer Assistance Hotline: 800-662-0108  
[www.NJSNA.org](http://www.NJSNA.org)

Patricia A. Barnett, RN, JD  
Chief Executive Officer  
Jamie M. Smith MSN, RN, CCRN  
Interim RAMP Director

**Evaluation with Drug Screening Monitoring Agreement**

Name: Danielle Strole Participant #: 3189

**PRACTICE:**

- ☒ I understand that I cannot work as a nurse while taking any controlled substances and/or other substances similar to controlled substances.
- ☒ I may continue to practice nursing with my current employer unless RAMP/Board of Nursing directs otherwise. If I change employers for any reason I will notify RAMP immediately.
- ☒ If I receive a letter from the BON and the Department of Law & Public Safety requesting that I inactivate my license, I will sign and return to the BON and RAMP. This means I cannot work as a nurse until RAMP and the BON agrees that I am safe to practice.

**SELF HELP GROUPS:**

- ☒ I will attend weekly Peer Support Group meetings. I am required to attend the same meeting weekly. (Meeting list is on the Web site at [www.njsna.org](http://www.njsna.org) under RAMP and Peer Assistance.)
- ☒ I understand that I must contact my Peer Facilitator prior to attending my first meeting.

**MEDICATIONS & TREATMENTS:**

- ☒ I will notify all of my healthcare providers of my participation in a monitoring program.
- ☒ I will notify RAMP of all prescriptions and provide a copy of each prescription for my RAMP file.
- ☒ I will have drug screens done through Affinity Online Solutions (AOS). The application for AOS is on the Web site under RAMP at [www.njsna.org](http://www.njsna.org).
- ☒ All prescriptions will come through my Primary Care Physician.
- ☐ I am under contract with a Pain Management Specialist.



609-883-5335 | Fax 609-883-1544  
Peer Assistance Hotline: 800-662-0108  
[www.NJSNA.org](http://www.NJSNA.org)

Patricia A. Barnett, RN, JD  
Chief Executive Officer  
Jamie M. Smith MSN, RN, CCRN  
Interim RAMP Director

Evaluation with Drug Screening Monitoring Agreement

Name: Danielle Strole Participant #: 3189

REPORTS: (Available on the Web site at [www.njsna.org](http://www.njsna.org) under RAMP)

- ☒ I will submit monthly Self-Reports via AOS.
- ☒ My Peer Group Leader will provide monthly reports.
- ☒ My treatment providers will provide monthly reports, including but not limited to (as applicable).
- Mental Health Provider
  - Therapist
  - Pain management provider

EVALUATION:

- ☒ I agree to an evaluation by a Board of Nursing/RAMP approved evaluator.
- RAMP will provide the name & phone # of an evaluator when:
    - RAMP has received my completed enrollment packet
    - I am attending weekly Peer meetings
    - I am drug screening through AOS.
  - RAMP will provide all Board of Nursing/RAMP documentation to the Evaluator prior to the evaluation.
  - The date of my evaluation will be determined by my compliance with RAMP.
- ☒ I will receive a Private Letter Agreement or Consent Order from the Board of Nursing. I will sign and return to the Board and send a signed copy to RAMP within 10 days.

All reports are due by the 5<sup>th</sup> of the month for the preceding month.

Please fax reports to 609-883-1544

**COMMUNICATION:** RAMP will communicate with you via telephone, email & regular mail. Please assure that RAMP and the Board of Nursing have current contact information (telephone number, mailing address and email address). You are required to have and provide an email address that you check at least weekly. All personal information and Peer Group information must be current. Please use the Change Form on the Web site ([www.njsna.org](http://www.njsna.org)) to make updates.



609-883-5335 | Fax 609-883-1544  
Peer Assistance Hotline: 800-662-0108  
www.NJSNA.org

Patricia A. Barnett, RN, JD  
Chief Executive Officer  
Jamie M. Smith MSN, RN, CCRN  
Interim RAMP Director

**Evaluation with Drug Screening Monitoring Agreement**

Name: Danielle Strole Participant #: 3189

**MEETINGS WITH RAMP:** I will meet with the representative of RAMP upon request to review my compliance with the terms of this agreement.

**EVALUATION /TREATMENT:** I agree to submit to an independent psychiatric/chemical dependency/physical evaluation and engage in additional monitoring and/or treatment as determined by the Evaluation and/or RAMP.

**COSTS:** I will be solely responsible for payment of all costs incurred in complying with the terms of this agreement. (See Financial Form attached.)

**DOCUMENTATION:** For the length of this agreement, I will submit complete copies of ALL Board correspondence for any past, present, or future Board action. I will also **IMMEDIATELY SUBMIT NOTICES OF ANY** Board hearings.

**MODIFICATIONS:** I understand and agree that RAMP may, at its discretion, periodically modify the terms of this agreement as necessary to protect the public. All modifications will be reflected in an addendum to this agreement. My failure to comply with modification as determined by RAMP may be considered a breach of this agreement.

**LENGTH OF AGREEMENT:** This agreement shall be valid for a minimum of 90 days from the date RAMP receives your signed agreement unless ended sooner for failure of participant to comply. This agreement may be modified based on the findings of the Evaluation.

I understand that if I satisfactorily participate in and complete the RAMP agreement; my participation is non-public unless I have prior disciplinary action by the Board of Nursing.

  
Participant's Signature

5-16-12  
Date

If this agreement is not returned within 10 days, RAMP may report you to the Board of Nursing as non-compliant without further notice.



## RAMP Compliance Report

Participant: Strole, Danielle Report Date: 8/9/2012  
Address: 92 Medford Road, Dumont, New Jersey 07628  
Period From: 1/1/2012 To: 8/9/2012

### Check-In

Date	Event	Status
7/28/2012	Missed Check-In	Active
7/29/2012	Missed Check-In	Active
7/30/2012	Missed Check-In and Test	Active

### Selection

Date	Status
7/30/2012	No Show

### Drug Tests

Date	Panel	COC#	Result	Drug
5/17/2012	Option 3 (Option 3 - Medpro B)	8247853	Negative	
5/21/2012	Option 3 (Option 3 - Medpro B)	8247854	Negative	
6/7/2012	Option 3 (Option 3 - Medpro B)	2290385	Negative	
6/29/2012	Option 3 (Option 3 - Medpro B)	2290392	Negative	
7/19/2012	Option 3 (Option 3 - Medpro B)	2290386	Abnormal	CREATININE (15.9)

### Reports

No Records Found



Exhibit

F



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

*State of New Jersey*  
OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF LAW  
PO Box 45029  
Newark, NJ 07101

JEFFREY S. CHIESA  
Attorney General

CHRISTOPHER S. PORRINO  
Director

September 27, 2012

via regular and overnight mail

Danielle Strole  
14 Monroe Avenue  
Dumont, New Jersey 07628

Re: Noncompliance with private letter agreement

Dear Ms. Strole:

The New Jersey State Board of Nursing received credible information indicating that you are not in compliance with the private letter agreement you signed on or around May 16, 2012. According to the Recovery And Monitoring Program (RAMP) of New Jersey you failed to follow the recommendations of RAMP and/or an evaluator for further treatment and/or more lengthy enrollment in RAMP; missed at least 3 check-ins with the online monitoring system which schedules random urine screens; missed at least one urine screen; and indicated to RAMP that you would not sign a revised monitoring agreement nor participate in RAMP further.

The private letter agreement with the Board provides for automatic suspension of your New Jersey nursing license for noncompliance. If the information the Board received is not accurate, please forward proofs that you are in compliance with the agreement to my attention within two weeks. Your failure to demonstrate that you are in compliance with the private letter agreement may result in the filing of a public Order of Suspension of your nursing license in New Jersey.

You may, of course, consult with an attorney if you so desire. If you have any questions, feel free to call me.



September 27, 2012  
Page 2

Sincerely yours,

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY

By: Barbara J. Lopez  
Barbara J. Lopez  
Deputy Attorney General



# UPS Next Day Air™ UPS Worldwide Express™

## Shipping Document

See Instructions on back. Visit [ups.com](http://ups.com) or call 1-800-PICK-UPS® (800-742-5877) for additional information and UPS Tariff/Terms and Conditions.

TRACKING NUMBER **1Z F04 61E 22 1039 5627**

### SHIPMENT FROM

SHIPMENTS  
UPS  
ACCOUNT NO. **F0461E**

REFERENCE NUMBER

NAME **Barbara Lopez, DAC** TELEPHONE **973-648-3245**

COMPANY

DIVISION OF LAW

STREET ADDRESS  
**124 HALSEY STREET 5TH FLOOR**

CITY AND STATE  
**NEWARK NJ 07102**

ZIP CODE

NAME **Danielle Strole** TELEPHONE

COMPANY

STREET ADDRESS

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL) **DEPT./FLR.**

ZIP CODE

**14 Monroe Avenue Dumont NJ 07628**



3	WEIGHT	LTR	PAK	WEIGHT	DIMENSIONAL WEIGHT if applicable	LARGE PACKAGE	4	SHIPPER RELEASE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>					

5	TYPE OF SERVICE	<input type="checkbox"/> NEXT DAY AIR	<input type="checkbox"/> EXPRESS (INTL)	CHARGES

6	OPTIONAL SERVICES	<input type="checkbox"/> SATURDAY PICKUP	<input type="checkbox"/> SATURDAY DELIVERY	

7	DECLARED VALUE FOR CARRIAGE	\$	AMOUNT	\$

8	ADDITIONAL HANDLING CHARGE	<input type="checkbox"/> FPD (Flat Rate Package)	<input type="checkbox"/> AMOUNT	\$

9	TOTAL CHARGES	\$		

10	METHOD OF PAYMENT	<input checked="" type="checkbox"/> BILL TO SHIPPER	<input type="checkbox"/> BILL TO THIRD PARTY	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK

11	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.		EXPIRATION DATE	

12	THIRD PARTY'S COMPANY NAME			

13	STREET ADDRESS			

14	CITY AND STATE		ZIP CODE	

15	SHIPPER'S SIGNATURE	<b>X</b>	DATE OF SHIPMENT	<b>9/22/12</b>

16	UPS COPY	<b>010181202809 110 S</b>		

17	UPS COPY	<b>010181202809 110 S</b>		

18	UPS COPY	<b>010181202809 110 S</b>		



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Updated: 11/09/2012 11:30 A.M. Eastern Time

1ZF0461E2210395627

## Delivered

Delivered On:  
Friday, 09/28/2012 at 9:56 A.M.Left At:  
Front Door[Proof of Delivery](#)[Request Status Updates »](#)

## Shipping Information

To: DUMONT, NJ, US

## Shipped By

[UPS Next Day  
Air®](#)

## Additional Information

Shipped/Billed On:  
Type:09/27/2012  
Package

## Shipment Progress

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# Exhibit G



*State of New Jersey*

OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF LAW  
PO Box 45029  
Newark, NJ 07101

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JEFFREY S. CHIESA  
*Attorney General*

CHRISTOPHER S. PORRINO  
*Director*

November 9, 2012

via regular and overnight mail

Danielle Strole  
92 Medford Road  
Dumont, New Jersey 07628

Re: Noncompliance with private letter agreement

Dear Ms. Strole:

The New Jersey State Board of Nursing received credible information indicating that you are not in compliance with the private letter agreement you signed on or around May 16, 2012. According to the Recovery And Monitoring Program (RAMP) of New Jersey you failed to follow the recommendations of RAMP and/or an evaluator for further treatment and/or more lengthy enrollment in RAMP; missed at least 3 check-ins with the online monitoring system which schedules random urine screens; missed at least one urine screen; and indicated to RAMP that you would not sign a revised monitoring agreement nor participate in RAMP further. Additionally, you failed to update your address of record with the Board, which is still listed as 14 Monroe Avenue.

The private letter agreement with the Board provides for automatic suspension of your New Jersey nursing license for noncompliance. If the information the Board received is not accurate, please forward proofs that you are in compliance with the agreement to my attention within two weeks. Your failure to demonstrate that you are in compliance with the private letter agreement may result in the filing of a public Order of Suspension of your nursing license in New Jersey.



November 9, 2012

Page 2

You may, of course, consult with an attorney if you so desire. If you have any questions, feel free to call me.

Sincerely yours,

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY

By: Barbara J.K. Lopez  
Barbara J.K. Lopez  
Deputy Attorney General





**UPS Next Day Air<sup>®</sup>**  
**UPS Worldwide Express<sup>®</sup>**

**Shipping Document**

See Instructions on back. Visit [ups.com](http://ups.com) or call 1-800-PICK-UPS<sup>®</sup> (800-742-5877) for additional information and UPS Tariff/Terms and Conditions.

TRACKING NUMBER **1Z F04 6JE 22 1037 27J3**

**SHIPMENT FROM**

SHIPPER'S  
UPS  
ACCOUNT  
NO.

**E0461E**

REFERENCE NUMBER

NAME

**Delba Lopez, DFG**

TELEPHONE

COMPANY

**DIVISION OF LAW**

STREET ADDRESS

**124 HALSEY STREET 6TH FLOOR**

ZIP CODE

CITY AND STATE

**NJ 07102**

NEWARK

**EXTREMELY URGENT DELIVERY**

NAME

**Danella Stole**

TELEPHONE

COMPANY

STREET ADDRESS

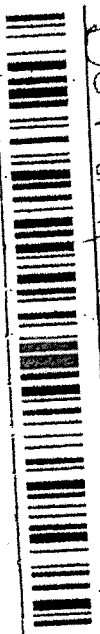
**Medford Road**

DEPT./FLR.

ZIP CODE

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL)

**Newark, N.J. 07102**



3	WEIGHT	LTR	PAK	WEIGHT	DIMENSIONAL WEIGHT (INTL)	LARGE PACKAGE	4	SHIPPER RELEASE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>

5	TYPE OF SERVICE	<input type="checkbox"/> AIR	<input type="checkbox"/> NEXT DAY	<input type="checkbox"/> EXPRESS (INTL)	CHARGE
	FOR INTERNATIONAL SHIPMENTS				
	CUSTOMER VALUE				
	SATURDAY PICKUP				
	SATURDAY DELIVERY				

6	DECLARED VALUE FOR CARRIAGE	\$	AMOUNT	\$
	FOR DECLARED VALUE LESS \$100			
	FOR INSURANCE			
	COD			
	FOR CASH AND CREDIT			
	FOR CASH AND CREDIT			

7	ADDITIONAL CHARGES	\$	AMOUNT	\$
	AA-Additional Handling Charge applies for certain items. See instructions.			
	BB-Additional Handling Charge applies for certain items. See instructions.			

8	SHIPPER'S ACCOUNT NO.		SHIPPER'S ACCOUNT NO.	
	SHIPPER'S ACCOUNT NO.		SHIPPER'S ACCOUNT NO.	
	SHIPPER'S ACCOUNT NO.		SHIPPER'S ACCOUNT NO.	

9	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.		EXPIRATION DATE	
	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.		EXPIRATION DATE	
	RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.		EXPIRATION DATE	

10	THIRD PARTY'S COMPANY NAME		STREET ADDRESS	
	THIRD PARTY'S COMPANY NAME		STREET ADDRESS	
	THIRD PARTY'S COMPANY NAME		STREET ADDRESS	

11	CITY AND STATE		ZIP CODE	
	CITY AND STATE		ZIP CODE	
	CITY AND STATE		ZIP CODE	

12	SHIPPER'S SIGNATURE		DATE OF SHIPMENT	
	SHIPPER'S SIGNATURE		DATE OF SHIPMENT	
	SHIPPER'S SIGNATURE		DATE OF SHIPMENT	

13	SHIPPER'S COPY		SHIPPER'S COPY	
	SHIPPER'S COPY		SHIPPER'S COPY	
	SHIPPER'S COPY		SHIPPER'S COPY	



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1ZF0461E2210372713

Updated: 11/28/2012 10:42 A.M. Eastern Time

## Delivered

Delivered On:  
Monday, 11/12/2012 at 10:17 A.M.[Request Status Updates »](#)Left At:  
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## Shipping Information

To: DUMONT, NJ, US

## Shipped By

[UPS Next Day](#)  
[Air®](#)

## Additional Information

Shipped/Billed On: 11/09/2012  
Type: Package

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